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I.

*A Charge delivered to the Graduating Class of the Columbian College, D. C., at the Medical Commencement, March 22d, 1827.*

By THOMAS SEWALL, M.D., Professor of Anatomy and Physiology.

Communicated for the Boston Medical and Surgical Journal.

**GENTLEMEN**,—In consequence of the absence of our venerable President, it has become my duty to address you upon the present occasion, on the subject of your moral deportment in future life; a duty which I cannot assume but with diffidence, as well from the delicacy of its nature, as from the responsibility which it involves.\*

This day, gentlemen, you cease to be the pupils of the Columbian

College; but you assume a relation more important to you, and not less interesting to us, than that which you have sustained during the period of your studies. You are admitted to the high and responsible station of practitioners of medicine, welcomed to full fellowship, and invited to participate in its labors and benefits. You are about to receive from us the highest testimony of confidence which the profession can confer. We are then, gentlemen, to separate, and you are to be situated in different and perhaps in distant parts of our country.

The profession you have chosen will place you in a commanding attitude, and give you an influence in society far beyond the scene of your personal labors. The responsibility you assume is great, and the duty arduous; to sustain

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\* Agreeably to a statute of the Board of Trustees, it is made the duty of the President of the College, at each medical commencement, to deliver a charge to the graduating class, upon the subject of their moral deportment, while the Dean of the

Medical Faculty is required to deliver an address upon the subject of their professional conduct. It was in conformity with these regulations that the following address was given.

them you will require not only an accurate and extensive knowledge of the science of medicine, but you will need the light of moral principle to direct your steps in the various and often perplexing circumstances in which you will be placed. And permit me, my young friends, before I place in your hands the parchment roll which you are to bear away as the evidence of your attainments and of our confidence in your skill—before I place upon you the final seal of approbation, to bring to your view and press upon your consideration, some of those moral duties which are more particularly involved in the practice of your profession.

#### 1. Maintain, gentlemen, a sacred regard to Truth.

Truth is the great moral bond of society ; it is the very basis of moral character, the element of which all other virtues are only modifications.

"Early in life," says Dr. Franklin, "I became convinced that truth, in transactions between man and man, was of the utmost importance to the happiness of life, and I resolved from that moment, and wrote the resolution in my journal, to practise it as long as I lived. I knew its value, and made a solemn engagement with myself never to depart from it."

It is derogatory to the influence of the profession, that the want of veracity has been alleged, as the too frequent vice of medical men; and it should be equally mortifying to us, that the peculiar nature of the profession has been urged in extenuation of this despicable offence. It is said that the frequent necessity for concealing from the patient or his friends the

nature and danger of his disease, furnishes an apology to the physician for the practice of prevarication ; but the intelligent, the honorable and highminded physician, will never thank the world for such an apology. He needs not resort to falsehood to shelter him from the charge of error or the want of skill. He desires not to augment the difficulty of his cases, or to enhance the importance of his cures.

Falsehood is the offspring of a debased and grovelling mind, and is resorted to only to cover ignorance, or to conceal the workings of a dishonest heart ; and in no character does it appear more odious than in that of the physician.

"Of all lying," says Dr. Johnson, "I have the greatest abhorrence of telling a lie to a sick man for fear of alarming him."

Although there are many cases in which it is highly proper for the physician to encourage the hopes of his patient and dissipate his fears, there is no case in which it is justifiable to do it at the expense of truth.

To conceal from a dying man his situation, not only involves a sacrifice of truth, but is a violation of the highest principles of honor and justice.

Maintain, gentlemen, in all your intercourse with your fellow men, a sacred regard to truth : make it your polar star, and it shall prove your grand moral beacon in every situation of life.

Remember the favorite maxim of that venerable moralist and philosopher, William Penn. "A man of veracity," says he, "is a true man, a bold man, a steady man. He is to be trusted and relied upon. No bribes can cor-

rupt him, no fears daunt him." Be assured that where this principle is wanting, you will look in vain for any other virtue.

2. Be attentive to the sufferings of the poor.

This is a virtue for which our profession has generally been highly distinguished.

There have been but few physicians in any age or country, so merciless as to withhold their professional services from the poor, or so avaricious as to exact from them the pittance necessary to procure the comforts of life. The great and good of our profession, in all times, have regarded their attendance on the poor as a duty and a privilege, and no one ever faithfully administered to the necessities of this portion of the community, without receiving an ample reward.

Most of our great men have laid the foundation of their eminence in the experience they have derived from an attendance on the poor, and to this class they have been principally indebted for their introduction to more lucrative business. Sydenham, Boerhaave, Fothergill and Rush, furnish eminent examples of this truth.

Wherever your lot may be cast, gentlemen, let the poor be the subjects of your peculiar care, and while you derive a high satisfaction in relieving their sufferings, their diseases will open to you a field of observation and experience, of the highest importance to you in setting out in life.

Remember, too, that you are stewards appointed to dispense the bounties of a munificent Providence, and that what you bestow on the deserving, while it is a voluntary gift of your hands, is a

debt that you owe, and are bound in duty to pay.

"Cast your bread upon the waters and you shall find it after many days." Yes, you shall find it before many days. Be just to the poor, and their gratitude and friendship shall protect and comfort you, when the applauses of the great, and the rewards of the wealthy, shall cease to follow you.

"When the ear heard me then it blessed me, and when the eye saw me it gave witness to me."

"Because I delivered the poor that cried, and the fatherless and him that had none to help him."

"The blessing of him that was ready to perish came upon me, and I caused the widow's heart to sing for joy."

Besides gratuitous attendance on the poor, there are others, on whom it will be equally your duty to attend without charge, such as the clergy of all denominations, and their families, physicians, and the widows and orphans of physicians, and especially indigent strangers who are taken sick from home. All persons devoted to the improvement of science, morals, and religion, or who are connected with institutions for the amelioration of the condition of man, will have peculiar claims upon your professional services when they are placed in circumstances of indigence.

3. In your professional intercourse, assiduously cultivate a pure and elevated style of conversation, urbanity and gentleness of manner, and kindness of heart.

These are virtues which adorn the medical practitioner, and it is deeply regretted that too often they compose no part of his character.

The practical duties of the physician, the tender and often heart-rending scenes he is called to witness, the society with which he has to mingle, all unite to render them indispensable to the proper discharge of his duty. Indeed, so just an estimate does the community place upon these qualifications, that but few physicians who have been characterized by vulgar and profane language, rude and uncourteous manners, or an unfeeling heart, have ever possessed the confidence and affection of their patients, or the respect of the public.

Study, gentlemen, so to unite in your deportment, tenderness with firmness, condescension with dignity, sedateness of manner with cheerfulness of spirit, as to inspire the minds of your patients with confidence, gratitude and respect.

#### 4. Maintain a due observance of the Sabbath.

It is a stigma on the profession, that this sacred day, set apart for the most important purposes, has been so little regarded by medical men. Instead of a day of rest and devotion, it has too often been a day of professional study, or devoted to such duties as could be performed equally well on other days of the week. Indeed, some physicians have been in the habit of reserving all their consulting visits for the Sabbath so far as circumstances would admit, and of appropriating this day to the performing of such surgical operations as did not require immediate attention, and for no other reason than because it is a day of leisure on which the members of the profession can more conveniently be assembled. But the practice, it is believed, is subsid-

ing in our country, and the Sabbath is more generally respected than it has been in times past.

The observance of the Sabbath, and an attendance on such devotional exercises as are within your reach, is a duty you are bound to perform as far as is compatible with the urgency of the cases committed to your care; and it will seldom happen that your cases are so urgent, or your practice so extensive, as not to be disposed of during the interval of public worship.

Dr. Rush used to say that he never knew a time when his professional business in Philadelphia did not admit of his attendance on public worship at least half of the day, and he never failed to inculcate the importance of this duty on his pupils.

Another custom, recommended and practised by this distinguished philanthropist and physician, will be equally worthy of your imitation as soon as your circumstances will admit; that of bestowing all Sabbath fees on objects of charity.

#### 5. Be guarded against Infidel sentiments.

When we consider the peculiar character of our profession, as displayed in the wonderful structure and organization of Man, in the various functions of his body, their necessary connexion and mutual dependence, the whole animated by an invisible agent, enabling every part to act in harmony with the rest, and subject to the control of an intelligent principle, all of which bear the visible impress of a divine hand: and when, too, we contemplate the profession as exhibited in the scenery of the death-bed, in the deep repentance of the profligate,

and in the dying confessions of the Infidel, and these appalling circumstances placed in contrast with the animating hopes of the Christian, the serenity of his last moments, the unshaken confidence that nerves his spirit in its passage through the dark vale, all of which come under the view of the physician, there would seem to be no necessity for admonishing you on this subject.

Yet, under all these circumstances, some of the members of our profession have imbibed infidel principles, insomuch that it has been seriously questioned whether there was not something inherent in the science itself, calculated to originate and to cherish a disbelief in a divine agency. But the sentiment is as unfounded as it is unphilosophical. Both the study, and the practice of medicine, are alike calculated to impress the candid mind with a conviction of the existence of the Supreme Being, and to excite the highest admiration of his power, wisdom and beneficence.

Whatever may have been the moral and religious state of the profession in other times, and in other countries, its present condition, and particularly in the United States, shows us that there is no necessary connexion between the science of medicine and scepticism; and it must be gratifying to the profession to recognise the fact, that all the most eminent physicians of our country openly espouse the Christian religion, defend its doctrines, and give the whole weight of their influence in support of moral and religious institutions.

Remember, that the way of Infidelity is downward, and that when you once enter it, every

succeeding step will urge you onward with increasing celerity. Few have trod this dark and fearful path, and returned to warn others of its fatal termination.

Flee, gentlemen, that chilling system of philosophy, which sees in the universe no design, in adversity no tendency to good, in futurity no gleams of hope, and in heaven no Creator, Benefactor, Father, or Judge.

Study daily the oracles of divine truth, and while you examine the pages of the sacred volume, open your minds to the conviction of its evidences, and be guided by its precepts.

#### 6. Observe strict temperance in the use of ardent spirit.

There is no subject, gentlemen, on which I would entreat you with more earnestness than upon this. It is a rock on which many of our profession have foundered, a whirlpool into which many of them have been drawn.

The habits and the occupation of the physician expose him peculiarly to the vice of intemperance. The arduousness and the irregularity of his business, his exposure to the vicissitudes and inclemencies of the season, the interruption to his hours of repose, all seem to call for refreshment, and furnish his friends with an apology for constantly urging upon him the use of ardent spirit.

But, gentlemen, beware how you yield to such solicitations. Though there may seem to be no danger at first, when it is known that you can join your friends in a social glass you will be surrounded by many companions, and solicited to drink at every house and upon every occasion.

Recollect that no person ever

became a drunkard at once. In almost every case the progress is slow and imperceptible, and probably no one ever felt the least apprehension of danger, when he began to fall. But he advances by degrees, and at every step his path becomes more steep, and every day adds a new and a stronger link to the chain that binds him beyond the hope of deliverance.

How many an unwary traveller in our profession has thus fallen ; and how affecting to see a cultivated mind lose its polish and its dignity, brilliant talents clouded, and strong powers enervated ; to see the noblest work of the Deity shattered and laid in ruins, by the terrible agency of ardent spirit !

Universal temperance is incumbent on you, not merely as essentially requisite to preserve your minds in that unclouded state, which may render you equally able at all times to pronounce on the cases you may be called to investigate, but because it is a virtue which you will often find it your duty to inculcate on your patients, and which you will enforce with but little effect, if it is not regularly exemplified in your own conduct.

Shun, gentlemen, the first temptation which may assail you, and when it shall be once known that you are inexorable, your acquaintance will cease their importunities, and no longer offer you those well meant but dangerous civilities.

7. Intimately connected with intemperance is the practice of gambling, a vice which though less common, is not less destructive to the peace of society, and to domestic happiness and virtue.

Let me exhort you, gentlemen, to abstain from all games of chance, as a practice alike degrading to you as men, and inconsistent with the dignity, and the high and important duties, of your profession.

#### 8. Discountenance and abstain from the practice of duelling.

It is highly creditable to our profession, that so few of its members have exposed themselves in single combat. A few have exposed themselves, and some have fallen, and many more have been accessory to the crime, by attending the combatants to the field, and extending to them surgical aid.

How absurd, how inconsistent it is, for that man whose peculiar province, and let me say privilege it is to preserve life, voluntarily to mingle his blood with that of his fellow.

Never forget, gentlemen, that you have been this day received as members of the medical profession, have taken upon you its vows, and assumed its responsibilities. You are no longer at your own disposal ; you are the property of the profession, of the public, and more particularly of that community, who shall give you a residence, and confide to your hands their lives and health. To tear yourself from them by an act of self-destruction, would involve a violation of the highest principles of honor, of gratitude, of justice and of truth.

In all this I say nothing of the obligations which bind you to your family and friends, nothing of your obligations to your country and to your God. Here let conscience decide.

And when you have made the

decision, gentlemen, let your evince a sincere interest in the country see that you have too high a sense of moral rectitude to embrue your hands in human blood. Let the world see that you have too much elevation of soul, too much independence of spirit, to be awed by the clamor of unprincipled men, and induced to yield to this unhallowed practice.

Finally, gentlemen, keep constantly in view the moral obligations you are under to your patients and to the community.

Your profession, while it will give you, if properly sustained, an extensive influence in society, will present you with frequent opportunities of exerting a controlling power in private, and in circumstances the most important.

The moral and religious influence of sickness is, no doubt, highly beneficial to the best interests of man, and of society. At this time the stoutest heart is softened, old animosities are forgotten, the mind looks back with regret upon the errors of past times, and extends itself forward with new and better resolutions to the future. Old vices are broken off, and the mind then, if ever, is open to the convictions of truth.

The frequent opportunities you will enjoy of promoting and strengthening the good resolutions of your patients, and especially if suffering under the consequences of vicious conduct, ought never to be neglected. Your council and reproof will be listened to with respect, and received as tokens of friendship, whenever they are imparted at proper seasons, and

You will sometimes be made the depositary of secrets, and such, too, as deeply concern the happiness of families and the welfare of society. Whatever you thus receive, preserve inviolable.

You will often have it in your power to prevent family discord, and to heal family feuds. You will hold the reputation of many in your hands. In such cases it will be your duty to throw the mantle of charity over the frailties of human nature, and "to do to others as you would that they should do to you."

Thus armed with the panoply of virtue, we fear not to bid you go. Go, gentlemen, enter the abodes of wretchedness and distress, and while you dispense the powers of the healing art, forget not to comfort the aching heart, to calm the heaving breast, and to wipe away the tear of sorrow. Let the widow, and the orphan, find in you a guide and protector; the youth, a bright example of moral virtue; and the aged, a staff to sustain him in his decrepitude.

And when each of you, after a long life of eminent services, shall have sunk to the grave, may the traveller who passes by point to your tomb and say,—There lies the dust of an *honest* man, one who loved *truth*, was *just to the poor*, was *pure*, *kind* and *courteous*, *revered the Sabbath*, *discountenanced infidelity*, *reproved drunkenness*, *gambling and duelling*, and *practised and enforced all the moral virtues*.

## II.

*Of After-Floodings, and their Treatment.—From Lectures delivered at Guy's Hospital,*

By Dr. JAMES BLUNDELL.

(Continued from p. 686.)

THAT plugging the vagina is always improper in after-floodings, I am not prepared to assert; in obstinate drainings it may be of service. Be careful, however, that no internal bleeding occur under the use of this remedy; and this will be best prevented by grasping the womb with the hand.

Here, then, are the leading practices to be recommended in those alarming collapses, which are the consequence of after-floodings. If the faintness be slight, you need not actively interfere; but, if the faintness be very deep, and approaching to asphyxia, then stimulate; place the woman in such a position as may keep the blood about the head; administer nourishment, and, no other hope remaining, provided you possess the requisite dexterity, perform the operation of transfusion.

While you are pursuing these practices, of course you will be most anxious to know whether you are gaining ground, and whether or not the haemorrhage be suspended. In after-floodings, after the first gush, there is not usually a copious discharge of blood, but a small drain from the vascular orifices is apt to continue. Now it is of no small importance to know, whether this flux from the womb be arrested or not; and this may be best ascertained by clearing the genitals, and applying a clean napkin below the part on which the patient lies,

and against the orifice of the vagina. If you find, after an application of two or three minutes, that the napkin is not stained at all, or that the stain is small and pale, then, provided you have felt and grasped the uterus, so as to expel any blood that may have accumulated there, you may rest satisfied that the bleeding is wholly, or in great measure, arrested. A converse inference of course you will draw, provided the bloody stain be extensive and deep.

When flooding is arrested, bind up the abdomen very firmly, with as little disturbance as may be. Gaitskell's bandage may be of service; between the abdomen and the bandage, a pillow may sometimes be interposed with advantage. In these cases of large bleeding after delivery, you will be led to consider whether you may or not quit the apartment of the patient after you have put a stop to the discharge; and, on this point, therefore, some comment becomes necessary. Most women do well under after-floodings. These bleedings are generally more alarming than dangerous; remember this, for it tends to tranquillise, and may allay needless perturbations. No woman, however, is thoroughly secure after a large and dangerous flooding, till she have survived the first gush for four or five hours, though the continuance of life after the gush, for two or three hours, must be looked upon as in a high degree encouraging. In small bleedings much precaution is not necessary; but when much blood has been lost, it is requisite that some one should remain with the patient for three or four hours at least after the flooding is arrested.

After large floodings, you ought not to move the patient; let her remain in a perfectly quiet condition for twelve or twenty-four hours, being secured as much as possible from moisture, or whatever else might tend to her discomfort. I state to you again, as some may now be present who did not hear the observation before, that by yielding to the entreaties of the patients or their friends, and suffering a removal of the body from one side of the bed to the other, the women themselves making no exertion, but being listed like the dead, I myself in two cases occasioned such a disturbance of the vascular system, that I really thought they would have expired. One case I know in which the woman did die: the practitioner left her; an hour or two afterwards the nurse suffered her to sit up; the bleeding was renewed, jactitation came on, and the woman ultimately perished.

And thus much, then, respecting the management of the more copious and dangerous after-floodings—in ordinary practice, happily, not of frequent occurrence. But to proceed.

After delivery, it is by no means uncommon to have more sparing bleedings; floodings in which not more than half a pint, or a pint of blood, is discharged. Now in bleedings of this kind, the active practices just enumerated and explained, are not required, a much simpler method of management being found to answer very well, and which may be comprised in few words. In these after-floodings of the more sparing kind, you may draw the curtains, sprinkle the floor, diminish the fire, tell the patient to restrain her

tongue, often very garrulous after delivery; take away the placenta with usual caution; lay the hand on the uterus, and grasp it; apply a little cold water; have a little patience, and the hemorrhage is over. Do not let me alarm you needlessly. Do not needlessly have recourse to vehement practices. Remember that, in recommending these, I have been treating of those after-hæmorrhages in which profuse quantities of blood are coming away from the uterus. Most after-hæmorrhages are more alarming than fatal. They are not, however, to be despised. To two women, dead from this cause, I have been called in one night.

There are some *errors* which you are apt to commit in dealing with these floodings, and on these we will next remark. In the hurry of extracting the placenta you may invert the uterus without perceiving it; you may, too, carry your hand into the uterus without need, a practice to which I am decidedly averse. When the blood gushes away externally, you cannot fail to observe the flooding; but where there is a discharge of blood internally, or into the middle of a large bed, you may overlook it. Watch, therefore, and beware. It is of great importance to keep the womb thoroughly contracted, by laying your hand upon the womb and grasping. A capital error, therefore, may be committed, and will, I fear, be committed by some of you; that, I mean, of not securing the contraction of the uterus. Examine yourselves on the very first case which may fall under your care, and see whether you have not neglected the state of the uterus altogether. The leaving the pa-

tient too soon is a great error; five or six hours you should remain with her after a dangerous discharge of blood has been stopped. This is not necessary in ordinary cases, where merely a few ounces of blood have come away, but, after the more copious bleedings, it is a very necessary caution.

Some women there are, from idiosyncrasy, peculiarly liable to bleeding, and very undesirable patients they are; the probability being that they will ultimately die under your hands. Hence it becomes a question in cases of after-floodings, whether we can use any means of prevention. Now, as I am in general called to cases in which the flooding is commenced before my arrival, I have had very little opportunity of seeing the effect of any preventive practice, and cannot, therefore, from my own experience, enlarge upon this topic. When there is a tendency to bleeding, Denman and others have recommended that you should not accelerate the birth of the child. After the head has been expelled, you ought not to draw forth the shoulders and abdomen. The womb, by its own efforts expelling the fœtus, it will contract more completely, and less bleeding therefore is to be looked for when the placenta becomes detached. When the child is about to come into the world, or when it is just born, a gentle stimulus may be given, and notwithstanding any little increase of the vascular action which it may occasion, the stimulus seems to be of service, by assisting that uterine contraction on which the prevention of the bleeding is mainly dependent. When there is a proneness to

flooding, we are advised by Denman to maintain the patient in the sedentary posture, when the fœtus is about to pass into the world; as it is supposed that in that position there is a less tendency to bleeding than where the patient is lying, at this time, in the usual manner. The leaving the placenta in the upper part of the vagina is another preventive recommended by some practitioners. It is supposed that the lodgment of the placenta in the neck of the uterus, or the upper part of the vagina, will stimulate a more thorough condition of the womb, and by so doing operate as an effectual preventive of flooding. And, indeed, pursuing the rules formerly recommended for managing the birth of the placenta, you will find yourselves in conformity with this practice; for it has been observed already, that, in commencing your obstetric career, in ordinary cases, before you abstract the placenta, you ought to be content to leave it in the genital cavity for fifty or sixty minutes after the expulsion of the fœtus.

### III.

#### SELECTIONS FROM FOREIGN JOURNALS.

*Compound Fracture of the Tibia and Fibula—Supervention of diffuse Inflammation, terminating in Gangrene; Incisions.*

HENRY ROSE, ætatis 25, was admitted into St. George's Hospital on the 1st of October, under the care of Mr. Brodie.

He was a coal-porter, and whilst in a state of intoxication fell beneath the wheels of a coal van, both of which passed over

the limb, a little above the internal malleolus. The accident happened at the distance of three or four miles from the hospital, to which he was immediately brought in the wagon. On admission, both bones were found to be broken, attended with a wound of the soft parts, opposite the fracture, and apparently caused by the protrusion of the tibia, which was greatly comminuted. There was not, and had not been much haemorrhage, nor was there any considerable ecchymosis. The patient was of a robust and plethoric habit of body, addicted to the use, or rather the abuse of malt liquors. The wound was dressed lightly; the limb placed in junks, and wetted with cold lotion. On the 2d, considerable swelling had occurred in the leg, where he suffered much pain. The pulse was 120, full and compressible; tongue furred, but moist; skin hot; face flushed in a remarkable degree.

Venæsectio ad 3 xij.

The blood was much buffed and cupped, and the pulse getting up in the evening again, the bleeding was repeated to sixteen ounces. This second batch of blood was also buffed and cupped, and the patient experienced relief from its abstraction. On the 3d, the swelling of the limb had increased, and extended above the knee; the tongue was white; the pulse 130, full, but compressible. The bleeding was not had recourse to a third time; but salines, with epsom salts, and antimonial wine, exhibited instead. On the morning of the 4th, the leg was attacked with inflammation, of a dusky or brownish hue, and having no defined margin, which extended up the thigh in the course of the

day, deepening its dye, and acquiring the gangrenous character. On the night of this day, an emphysematous crackling was felt on the inside of the leg, and just above the knee. There was little pain on pressure, and the symptoms of depression were becoming established, marked by the weakness of the pulse, coated tongue, and expression of the features. A symptom was at this time observed, which continued ever after, and daily acquired additional intensity; we allude to an earthy or cadaverous odor of the breath, a symptom always formidable—very often fatal.

He passed a bad night, and presented on the 5th the following appearances. The limb was much swollen, and the inflammation extended from the ankle to the groin on the inside of the thigh; from the same point to as high as the trochanter on the outside, the front of the thigh being little affected. The emphysematous crackling noticed on the 4th was now more distinct, and on pressing below the knee an offensive discharge was seen to issue from the wound. On visiting the patient, Mr. Brodie made incisions on the inside and outside of the leg, exposing the cellular membrane in a state of slough, with putrid pus deposited around it, and disengaging a quantity of sulphuretted hydrogen gas. A short incision was made with the same result on each side of the thigh above the knee, dividing the fascia, and exposing the leaden-colored sloughing cellular membrane. Some vessels were divided, and bled pretty smartly; but pressure was sufficient to arrest the haemorrhage, after which a poultice was applied. The limb on the preceding

day had been transferred from the junk, to Mr. Amesbury's apparatus, omitting the side splints, and merely keeping up a moderate extension by means of the boot and strap around the thigh.

R. Liq. Ammon. Acet. 3 iij.; Ammon. Subcarb. gr. v.; Liq. Opii Sedativ. M. v.; Mist. Æth. c. 3j. hac nocte.

Pint of porter, and four ounces of red wine, daily.

The relief which was obtained by these incisions was decided, the pain disappearing, and the cutaneous inflammation perceptibly fading. The emphysema, however, being felt on the 6th in the thigh, fresh incisions were practised through the fascia, and the cellular membrane found, as before, to be sloughing. The limb now presented a curious spectacle, the incisions extending from the foot to the summit of the thigh on each side, and paved throughout with that dark and disorganized cellular tissue which has not unaptly been compared, in its appearance, to "brawn." The chlorate of soda was applied in solution to the wounds, and the limb kept moistened with linen rags dipped in the same. On the 7th he was considered to be doing very well, but close observation detected a trifling hurriedness of manner.

Quin. Sulph. gr. j.; T. Opii M. v.; Acid. Sulph. Dil. M. ij.; Aq. 3j.

On the 8th there was little alteration, save that the conjunctiva had acquired a degree of muddiness, whilst the previous high flush upon the cheek was dimmed by a slight but perceptible yellowness of skin. The condition of the thigh was remarkably improved, the wounds being compa-

ratively clean; the inflammation decidedly abated. The leg, however, continued much *in statu quo*.

9th. To-day a new and a fatal train of symptoms have set in; symptoms apparently indicative of purulent deposits in the liver or the lungs. The yellowness of skin increased; there is pain in the right side of the chest and hypochondrium, increased upon pressure, inspiration, or coughing; the pulse is rapid, and its beats not distinct; the tongue dry and brownish in the centre, red at the edges and tip; the countenance anxious; the manner hurried. Suspecting that the pain in the side and disturbance of the system might depend upon matter confined in the leg, Mr. Brodie made one or two incisions, exposing putrid matter, and sloughy cellular membrane. The patient expressed some relief, but this, as will afterwards be seen, was fallacious. The quinine was omitted, and the wounds well washed with the chlorate, which seemed to possess not the slightest effect.

In the evening he was seized with a severe fit of coughing, followed by very profuse perspiration, and increase of the pain in the side. This pain was not relieved on the morning of the 10th, and the symptoms altogether bore a very unfavorable cast. The leg had assumed a more dusky color; the cellular texture was uncommonly black and sloughy; the discharge, which, indeed, had been more or less the case for some days, was exceedingly scant.

Haustr. Salin. c. Tinct. Opii M. v. 6tis horis. Empl. Lyttæ hypochond. dextra.

The strength of the solution of the chlorate was increased from one part of Fincham's li-

quor in sixteen of water, to one in seven.

That semi-delirium noticed in cases of internal abscesses was now quite established, consisting in a peculiar hurriedness of manner, and desire to assure the inquirer that all was doing well. No rigors had hitherto occurred, but at 2, A.M. of the 11th, a very severe one came on, followed by heat and perspiration. In eight or nine hours another succeeded, even more severe than the first. The pulse was 120, and small; the tongue rather furred. He was ordered a purge of blue pill, and the compound extract of colocynth, at bed-time; but on the 12th, when we saw him, he was apparently hastening fast to the grave.

*Case of the Use of Ergot in Uterine Hemorrhage.*

By HENRY R. CHAPLIN.

Mrs. M——, having been in labor 18 hours, was delivered of a son, after which half an hour had elapsed previous to the expulsion of the placenta, which took place by the natural efforts, no force having been employed. As is usual with me, I then applied a warm cloth to the vulva, and gave injunctions for the attendants, in an hour or an hour and a half, to make her comfortable by removing her to the other side of the bed. I remained in the house for a quarter of an hour afterwards, during all which time she appeared as well as one could expect; moreover she was so loquacious that, upon leaving her, I desired her to speak but little, and keep herself tranquil. I had, however, left her only a few minutes when her sister came running after me,

assuring me she was dead. Suspecting it to be a case of uterine haemorrhage, I made all the haste I could back, and found that considerable haemorrhage had ensued, and that my patient was in a state of syncope. All pulsation at the wrist had ceased; her extremities were cold, features shrunk, and her countenance wore the aspect of death. On my return I had immediate recourse to the dashing of cold water upon the lower part of the abdomen, and the introduction of my hand into the uterus, in order if possible to stimulate it to contraction. In a little time she began to show symptoms of reanimation, but the haemorrhage, notwithstanding these means, still remained uncontrolled. I then resolved (seeing something must be done) upon the administration of some of the ergot of rye. Having had some in my possession in the form of powder for a length of time, and thinking it might on that account have lost some of its virtue, I administered a drachm dose of it, which, in the course of five minutes, produced a violent and painful contraction of the uterus. The haemorrhage was very speedily arrested, and did not return. Nausea and great pain supervened; the latter was, however, dispelled very soon by a large dose of opium. It may be right to remark, also, that prolapsus uteri took place once, but by enjoining rest and the horizontal posture there was no return of it. This arose, no doubt, from the dose of the secale cornutum being too large.

I think there can be no doubt entertained respecting the efficacy of the ergot in this case.

*Med. Gazette.*

*Uterine Hemorrhage.*

The introduction of the hand into the uterus is a very general practice in those cases of uterine haemorrhage which occur soon after delivery, and depend principally on a complete atony of the uterine fibres; it is but too well known how often our purpose of exciting contraction fails, and in how short a time the patient, in spite of all our endeavors, will sink under the effects of depletion. In such alarming cases, Plouquet first recommended pressure on the abdominal aorta through the parietes of the uterus, or by pressing on the belly; we think that the following cases will impress our readers with a favorable opinion of the practice.

Dr. Eichelberger was called to a lady who had been attacked very soon after delivery with profuse haemorrhage; he found her almost swimming in blood, with a pallid face, cold sweat, senseless, and in convulsions; the pulse could not be felt, the extremities were cold, &c. Cloths dipped in cold water had been applied to the belly, but without any effect. Dr. Eichelberger introduced his hand into the uterus, and with his fingers compressed the aorta, the pulsation of which was very distinctly felt. The haemorrhage was instantly stopped, but the uterus showed no disposition to contract. The hand was accordingly retained in its position, and tincture of opium and cinnamon given internally. After an hour the uterus began to contract, and the hand could be safely removed. Dr. Eichelberger followed the same practice in two other cases of alarming haemorrhage, and found it equally successful. The relaxation of the uterus was so great, that the hand could be ea-

sily moved towards any part of the abdomen, and the rolling of the intestines could be distinctly felt.

Another case of uterine haemorrhage, where compression of the aorta was employed with success, occurred in the obstetrical clinic of Berlin, under Von Siebold's superintendence. The child had been turned, and delivery had been very difficult; after the removal of the placenta, a most alarming haemorrhage took place; cold water to the belly, injections of water and vinegar, the internal use of ether, tincture of cinnamon, and phosphoric acid, had been employed without any effect, and the patient was evidently very near her dissolution, when one of the assistants began to compress the abdominal aorta by external pressure on the abdomen. The haemorrhage was staid almost instantly, and the patient very slowly recovered.

*Amputations of the Uterus performed by M. Lisfranc.*

Since the last communication made by this gentleman to the Academy of Medicine, he has performed seven amputations of the neck of the uterus. Of these seven patients four are completely cured, and enjoy a good state of health; two are under cure, and one is dead, in consequence of an attack of peritonitis following the operation: he particularly mentions this fact, since it is the first instance of a patient dying of an affection of the kind; the peritoneum could not in any way have been injured in the performance of the operation. M. Lisfranc has completed his forty-third amputation of the neck of the uterus, and has had only four unsuccessful cases.—*La Clinique.*

BOSTON, TUESDAY, DEC. 16, 1828.

*Fourth Report of the Mass. Charitable Eye and Ear Infirmary.*

THE whole number of cases treated at the Infirmary the past year has been - - 681

Of these there have been cured 540

Not treated, considered incurable 64

Relieved - - - - 25

Declined operations - - - 4

Now under treatment - - 48

Cases of Diseases of the Eye were 583

Cases of Diseases of the Ear were 98

The cases of this year were as follows, viz. of

Acute ophthalmia	-	67
Chronic ophthalmia	-	31
Strumous ophthalmia	-	15
Purulent ophthalmia	-	15
Puriform ophthalmia	-	4
Pustular ophthalmia	-	19
Inflammation with ulcers of the cornea	-	42
Opacities of the cornea	-	22
Rheumatic ophthalmia	-	3
Vascular cornea with granular lids	-	9
Pterygium	-	5
Ectropeon	-	7
Entropeon	-	1
Echymosis conjunctivæ	-	3
Staphyloma	-	5
Iritis	-	8
Cataract	-	28
Congenital cataract	-	1
Amaurosis	-	9
Fungous conjunctiva	-	3
Closure of pupil	-	2
Paralysis of the upper eyelid	-	1
Tinea ciliaris	-	81
Lippitudo	-	84
Tumors of the lid	-	11
Hordeolum	-	3
Abscess of lids	-	5
Ophthalmia with hypopyon	-	4
Diseases of the lachrymal passages	-	23
Wounds and other injuries of the eyes	-	15

Weakness of sight	-	10
Morbid sensibility of the retina	-	35
Choroiditis	-	1
Inflammation of the cornea	-	3
Warts of lid	-	2
Tumor of the conjunctiva	-	2
Myopia	-	1
Pustular lid	-	1
Strabismus	-	1
Suppuration of the tympanum	-	14
Obstruction of the concha	-	19
Herpetic eruption of the ear	-	5
Obstruction of the eustachian tube	-	1
Nervous deafness	-	36
Abscess in the concha	-	13
Fungous tumor in the concha	-	1
Otitis	-	7
Tension of the tympanum	-	1
Erysipelatous inflammation of the ear	-	1
Whole number		681

The number contained in previous Reports - - 1929

The number in this Report 681

Whole number treated at the Infirmary } 2610

Dr. COLLY's communication has been received.

WEEKLY REPORT OF DEATHS IN BOSTON,

Ending Dec. 4, at noon.

Nov. 26.	Elisha Bellamy,	32 yrs.
30.	Nancy Sanders,	40
	James Hill,	56
	Frances Wilkins,	20
Dec. 1.	Sarah Brigham,	29
	William Daly,	81
	James Gould,	58
	Susan Peirce,	25
3.	Eliza Caldwell,	23
4.	Caleb Adams,	40
	Mary Pitman,	84
	Abigail Hill,	25
	George J. Campbell,	10 mo.
	Mary Ann Hutchinson,	15

Brain fever, 1—consumption, 4—childbed, 1—convulsions, 1—temperance, 1—lung fever, 1—old age, 2—tubercular phthisis, 1—unknown, 2. Males, 6—females, 8. Total, 14.

## ADVERTISEMENTS.

## SURGICAL INSTRUMENTS.

**D**AVID & JOHN HENSHAW & Co.  
No. 33, India Street, near the head  
of Central Wharf, have for sale a very ex-  
tensive assortment of Surgical Instru-  
ments. Gentlemen wishing to purchase  
will find it to their advantage to call and  
examine them.

Oct. 14.

6mo.

## ABERNETHY'S LECTURES.

**T**HIS day published by Benjamin Per-  
kins & Co. Lectures on *Anatomy,*  
*Surgery,* and *Pathology*, including obser-  
vations on the nature and treatment of  
*Local Diseases*,—delivered at St. Bartho-  
lomew's Hospital, by **JOHN ABERNETHY**  
F. R. S.

6w.

Boston, Sept. 22, 1828.

## ATHENEUM;

## OR, SPIRIT OF THE ENGLISH MAGAZINES.

**T**HE Atheneum is published on the 1st  
and 15th of every month, each num-  
ber containing 40 pages, large octavo. It  
consists of selections from the best English  
Magazines, and is intended as a Miscella-  
ny for all classes of readers. The price  
of the work, with plates of the fashions,  
is six dollars a year; without them,  
five dollars. Other plates will occasion-  
ally be given, and sent to *all* the subscri-  
bers, without additional charge.

184 Washington Street, Boston.  
Nov. 4.

**B**ENJAMIN PERKINS & CO. have in  
the press, and will shortly publish,  
“A Manual for the use of the *Stethoscope*,  
being a Treatise on the different Methods  
of investigating the Diseases of the Chest.  
Translated from the French of M. COLLIN,  
by W. N. RYLAND, with Notes and an  
Introduction by a Fellow of the Massa-  
chusetts Medical Society.

Oct. 23, 1828. Nov. 4—6w.

NATHAN JARVIS,  
Druggist and Apothecary,

**H**AS taken the Apothecaries' Hall,  
No. 188, Washington Street (lately

kept by Messrs. Wm. B. & Henry White.)  
His stock of Drugs and Medicines is com-  
plete and genuine. Physicians and oth-  
ers are assured that their orders, prescrip-  
tions, &c. will meet with prompt and  
strict personal attention.

The old friends of this establishment  
are requested to continue their patronage.

## EUROPEAN LEECHES.

**C**CHARLES WHITE, No. 269 Wash-  
ington St., Corner of Winter St., has  
received a supply of GERMAN and  
PORTUGUESE LEECHES.

## PRIZE DISSERTATION

*On the Effects of Spirituous Liquors.*

**A**T the Annual Meeting of the Massa-  
chusetts Medical Society in 1827,  
the following resolution was adopted:—

“Resolved, That this Society will use  
the skill of its members in ascertaining  
the best mode of preventing and curing  
the habit of intemperance, and that for  
this purpose a premium of FIFTY DOLLARS  
shall be offered for the best Dissertation  
on the subject; which after being approv-  
ed by the Counsellors shall be read at  
the next annual meeting of the Society,  
and afterwards printed; and that the au-  
thors be requested to point out the cir-  
cumstances in which the abandonment of  
the habitual use of stimulating drinks is  
dangerous; and also to investigate the ef-  
fect of the use of wine and ardent spirits  
on the different organs and textures of the  
human body.”

In consequence of this resolution two  
dissertations were presented; but not be-  
ing sent within the time specified, they  
could not be examined.

At the Annual Meeting of the Society  
in 1828, it was voted to renew the offer  
of the premium on the same conditions,  
and the undersigned were chosen to re-  
ceive and examine the dissertations.

The dissertations presented for the pre-  
miums may be left at the office of Mr.  
John Cotton, Bookseller, Boston, or sent  
to the Chairman of the Committee; on or  
before the 15th day of April, 1829.

JOHN C. WARREN,  
ZABDIEL B. ADAMS, } Committee.  
JOHN WARE, }

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to  
whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if  
paid in advance, three dollars and a half if not paid within three months, and four dollars if  
not paid within the year. The postage for this is the same as for other newspapers.